



Public Health

Seattle & King County

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

Dorothy F. Teeter, MHA, Interim Director and Health Officer

For Office Only

Service Req. ID _____

Permit Fee _____

Processed by _____

Date _____

Seattle Office Location: 700 5th Ave., Floor 20, Seattle WA 98104-5070, Telephone (206) 296-1175
Mailing Address for Seattle Office Only: Plumbing/Gas Permits – DPD P.O. Box 34019, Seattle, WA 98124-4019
Bellevue Office Location: 14350 SE Eastgate Way, Bellevue, WA 98007, Telephone (206) 296-4932

Application for Medical Gas Permit

Project Location: _____
Street Address Unit # City Zip Code

Property Owner Name (s): _____ Phone: () _____

Parcel Number

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Building Type: ☐ Hospital ☐ Medical Clinic ☐ Dental Clinic ☐ Other

Building Phase: ☐ New Construction ☐ Alteration

Contractor/Company: _____ Phone: _____

State Labor & Industries Contractor Registration Number: _____ Check # _____

Base Fee
For 1 Outlet \$95.00 (**Non-Refundable**) Over 1 Outlet \$10.00 Each
(Example: Only 1 Outlet = \$95.00, 2 Outlets = \$105.00, 3 Outlets = \$115, 4 Outlets = \$125.00 etc.)

Outlet Description	Outlet Count	Fee
OXYGEN		
MEDICAL AIR		
NITROUS OXIDE		
NITROGEN		
VACUUM		
CARBON DIOXIDE		
HELIUM		
TOTAL OUTLETS AND PERMIT FEE		

Application Name: _____ Phone _____
Contractor or Owner (or Authorized Agent)

Applicant Mailing Address: _____

Signature of Applicant: _____ Date: _____

I UNDERSTAND THAT ALL WORK AUTHORIZED BY THIS PERMIT IS SUBJECT TO INSPECTION AND APPROVAL OF THE HEALTH DEPARTMENT AND MUST COMPLY WITH RULES AND REGULATIONS GOVERNING CONTRACTOR REGISTRATION (RCW 18.27) AND INSTALLER CERTIFICATION (RCW 18.106).